DLN: 93493201010645

Returi

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	r the	2013 ca	lendar year, or tax year beginni	ng 10-01-2013 , 2013, and end	ing 09-30	-2014					
	eck if a dress cl	applicable	C Name of organization CitizenLink							entification number	
_	me cha	_	Doing Business As					20-09	6085	55	
	tial retu	_									
	rmınate		Number and street (or P O box if 8655 Explorer Dr	mail is not delivered to street address)	Room/suit	е		E Telepho	ne nun	mber	
	ended		City or town, state or province, co	untry, and ZIP or foreign postal code			$\dashv$	(719)	278-	4400	
☐ Api	plicatio	n pending	Colorado Springs, CO 80920					<b>G</b> Gross re	ceints	\$ 5,600,898	
			<b>F</b> Name and address of pr	ncipal officer		H(a)	Is this	a group			
			Thomas A Minnery 8655 Explorer Dr	·				linates?	r c c c c r r	Γ Yes <b>Γ</b> No	
			Colorado Springs, CO 809	20		Н(Ь)	Are all	subordır	nates	┌ Yes ┌ No	
							ınclude	ed?			
<b>Ι</b> Τα	x-exen	npt status	5   501(c)(3)   501(c) (4)	(insert no ) 4947(a)(1) or 5	527		If "No,	" attach	a lıst	(see instructions)	
J W	ebsit	e:► ww	w citizenlink com			H(c)	Group	exempti	on nu	ımber ►	
			n 🔽 Corporation 🗆 Trust 🗀 Associat	ion Cther 🕨		<b>L</b> Yea	r of for	nation 200	)4 <b>N</b>	State of legal domicile CO	
Pa	rt I	Sun	nmary								
				ion or most significant activities olblical citizenship that transform							
e e		we msp	ine men and women to live out b	iblical citizenship that transform	is culture						
Governance											
Ĕ											
<u>ş</u>	2	Check t	this box 🔭 if the organization of	discontinued its operations or dis	sposed of	more t	han 25	% of its	net a	ssets	
	3	Number	of voting members of the gover	rning body (Part VI, line 1a) .				_	3	J 5	
20 ଜୁନ				s of the governing body (Part VI,					4	4	
Activities &	1			n calendar year 2013 (Part V, lin					5	37	
ਹੁੰ ਹ	1			necessary)					6	8	
4	1			Part VIII, column (C), line 12					7a	0	
	1			from Form 990-T, line 34					7b	0	
							Prior	Year		Current Year	
	8	Contr	ributions and grants (Part VIII,	line 1h)				5,464,6	74	5,450,591	
를	9	Progr	am service revenue (Part VIII,	line 2g)				0		0	
Ravenue	10	Inves	tment income (Part VIII, colun	nn (A), lines 3, 4, and 7d)				4,481		4,497	
ά	11	Other	revenue (Part VIII, column (A	), lines 5, 6d, 8c, 9c, 10c, and 1	1e)			2,526,2	61	144,765	
	12		5	1 (must equal Part VIII, column	. ,,	7,995,416			5,599,853		
	13			rt IX, column (A), lines 1–3).				2,786,8	-	1,229,638	
	14			IX, column (A), line 4)					0	1,223,030	
	15			yee benefits (Part IX, column (A							
88		5-10		2,940,188			1,495,206				
Expenses	16a	16a Professional fundraising fees (Part IX, column (A), line 11e)							43	151,232	
ਡੋ	Ь	Total f	undraısıng expenses (Part IX, column (	D), line 25) • 226,879							
	17			, lines 11a-11d, 11f-24e) .						2,298,342	
	18		·	ust equal Part IX, column (A), lir	•			9,724,0	-	5,174,418	
_ 07	19	Revei	nue less expenses. Subtract lin-	e 18 from line 12	· · ·	_		-1,728,6	-	425,435	
Net Assets or Fund Balances						Beg	ınnıng Ye	of Currer ar	"	End of Year	
SSel	20	Total	assets (Part X, line 16)					2,118,4	45	2,421,873	
P. P	21	Total	liabilities (Part X, line 26) .					346,2	52	224,245	
	22			t line 21 from line 20				1,772,1	93	2,197,628	
Pa	rt II	Sign	nature Block								
my k	nowle	dge and	belief, it is true, correct, and co nowledge	xamined this return, including acomplete Declaration of preparer			er) ıs b	ased on a			
Sigr	1	I B	nature of officer				Date	5-07-20 e			
Her		Tho	mas A Minnery President / CEO e or print name and title								
			Print/Type preparer's name	Preparer's signature	Da	te		⟨	PTIN	17006	
Paid	d	-	David C Moja  Firm's name ► Capin Crouse LLP					mployed s EIN 🕨 36	P0074		
Pre	pare		riim s name 🕝 Capin Crouse LLP								
	On		Fırm's address 🟲 2435 Research Parkv	vay Suite 200			Phone	e no (719)	528-6	6225	
· · ·		•	Colorado Springs, CO	80920							

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

Par	t III	Statement of Program S Check if Schedule O contains			III	
1	Briefl	y describe the organization's m	ssion			
Cıtız	enLınk	is a family advocacy organization	on that inspires men	and women to live out	t biblical citizenship that trans	forms culture We provide
reso	urces t	hat equip citizens to make their	voices heard on crit	ical social policy issu	es	
2		ie organization undertake any si ior Form 990 or 990-EZ? .				
	If "Y e	s," describe these new services	on Schedule O			
3	servi	e organization cease conductin		nt changes in how it co	onducts, any program	
	If "Y e	s," describe these changes on S	Schedule O			
4	exper	ribe the organization's program sizes Section 501(c)(3) and 50 tall expenses, and revenue, if ar	l(c)(4) organizations	s are required to repor		
4a	(Code	e ) (Expenses \$	4,640,649	ıncludıng grants of \$	1,229,638 ) (Revenue \$	)
	maile to im analy mem the p	imily on policy issues, legislative matters throughout the nation and distributer portant issues affecting the family in this and updates. In addition, CitizenLinibers and the general public to be involviously of human life in all its varied sounding Fathers of the United States of	I regular emails to as ma eir state CitizenLink also caired a radio program o red in various legislative forms, the upholding of r	any as 163,000 households developed online resource on nearly 500 stations Thes matters, such as the defen	Furthermore, CitizenLink used telepes, including a website, web videos, as se various communications were designse of marriage as an institution betwi	hone technology to alert citizens nd a compendium of issue ined to rally CitizenLink een one man and one woman,
4b	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
_	/6-1	) /Fun			) /D h	,
4c	(Code	e ) (Expenses \$		including grants of \$	) (Revenue \$	)
		,	<u> </u>			
4d		er program services (Describe ii enses \$	Schedule O ) including grants o	f\$	) (Revenue \$	)
4e	Tota	l program service expenses ►	4,640,649			

Part IV	Checklist o	f Required	Schedules
---------	-------------	------------	-----------

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of	11c		No
d	Did the organization report an amount for other assets in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			.厂_
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 10			
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4</b> a		No
b	If "Yes," enter the name of the foreign country •_ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	- <del>-</del>		
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand	 		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2013) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
6	cation B. Delicies (This Costion D. requests information about policies not required by the Internal D			
36	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			ye Cod	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
10a b	Did the organization have local chapters, branches, or affiliates?			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a 12b 12c	Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- List the States with which a copy of this Form 990 is required to be filed AL , AK , FL , GA , HI , IL , KY , LA , MA , MD , MN , MS , NC , NH,OH,PA,SC,TN,UT,VA,WV,WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Rich Caldwell 8655 Explorer Dr Colorado Springs, CO 80920 (719) 278-4400

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

									-	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check sunless person is both an officer and a director/trustee)  Highest compensated Former  Key employee Institutional Trustee or chiestor						( <b>D)</b> Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Lt Gen Patrick P Caruana MS Chairman	50	Х		х				0	0	0
(2) Thomas A Minnery President/CEO	45 00	Х		х				148,528	0	21,035
(3) Steve Taylor Board Member	50	х						0	0	0
(4) Dan Mellema Board Member	50	х						0	0	0
(5) Doug Napier Board Member	50	Х						0	0	0
(6) David Langdon Secretary	1 00			х				0	0	0
(7) Rich Caldwell  Treasurer/Director of Bus Svcs	45 00			х				32,112	0	6,716
										Form <b>990</b> (2013)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion ( han d on is	one l both	box, an	heck unless officer stee)	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F Estim amount o compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organizat relat organiz	ed
1b	Sub-Total			<u> </u>	<u> </u>	<u> </u>		<b> </b>				
c	Total from continuation sheet	s to Part VII, S	ection #	١.				۰				
d	Total (add lines 1b and 1c) .				•		•	<b>•</b>	180,640		1	27,751
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	no received more tr	ian		
											Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If "Yes," complete S</i>					key	emplo	yee, •	or highest compen	sated employee	3	No
4	For any individual listed on line organization and related organ individual										4 Yes	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5	No
—Se	ection B. Independent Co	ntractors										
1	Complete this table for your five compensation from the organization from the organizati	/e highest comp										r

(A) Name and business address	(B) Description of services	(C) Compensation
Masterworks Inc 19462 Powder Hill Pl NE Poulsbo WA 98370	Fundraising consulting and design	357,483
Langdon Law LLC 8913 Cincinnati-Dayton Rd West Chester OH 45069	Legal services	162,649
Blackbaud Inc 200 Daniel Island Dr Charleston SC 29492	Software and online services	133,716
Majority Strategies 135 Professional Dr Ste 104 Ponte Vedra Beach FL 32082	Issue campaigns	132,555
Japs-Olson Company 7500 Excelsior Blvd St Louis Park MN 55426	Printing services (includes postage)	131,753
Total number of independent contractors (including but not limited to those listed above	who received more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5

Part V	7111	Statement of Revenue						
		Check if Schedule O contains	a respon	se or note to any lir				<u> </u>
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
w 90	1a	Federated campaigns	1a					
Gifts, Grants ilar Amounts	ь	Membership dues	. 1b	30,497				
9 E	c	Fundraising events	. 1c					
	d	Related organizations	. 1d					
ું હું		Government grants (contributions)	1e					
ons, Gift Similar	e							
ig ia	f	All other contributions, gifts, grants, a similar amounts not included above	and <b>1f</b>	5,420,094				
Contributions, and Other Sim	g	Noncash contributions included in line 1a-1f \$	es	1,045				
Cont	h	Total. Add lines 1a-1f			5,450,591			
<u>0</u>				Puere e a Cada				
E E	2a			Business Code				
Program Serwce Revenue	b							
or GE	c							
r S	d							
જુ	e							
<u></u>	f	All other program service reve	—— enue					
် *								
	g 3	<b>Total.</b> Add lines 2a-2f						
	3	Investment income (including and other similar amounts) .			4,475			4,475
	4	Income from investment of tax-exer	npt bond p	proceeds 🕨				
	5	Royalties		•				
		(ı) Real		(II) Personal				
	ba b	Gross rents Less rental						
	-	expenses Rental income						
	C	or (loss)						
	d	Net rental income or (loss).						
	7a	(1) Securitie	es	(II) Other				
	′"		1,067					
		than inventory Less cost or						
	b	other basis and	1,045					
	c	sales expenses Gain or (loss)	22					
	d	Net gain or (loss)			22			22
Other Revenue	8a	events (not including  \$ of contributions reported on lii						
ά		See Part IV, line 18	а					
the	ь	Less direct expenses	. ь					
ō	С	Net income or (loss) from fund	lraising e	events 🛌				
	9a	Gross income from gaming ac See Part IV, line 19						
	ь	Less direct expenses	. ь					
		` , ,		/ities <b>.</b> ⊨-				
	10a	Gross sales of inventory, less returns and allowances.						
		and anormicos i	а					
	ь	Less cost of goods sold .	. ь					
	С	Net income or (loss) from sale	s of inve					
		Miscellaneous Revenue		Business Code		= -		
	11a	Misc income		900099	144,765	144,765		
	b							
	C	A.HH.						
	d	All other revenue	L					
	e	Total. Add lines 11a-11d .		-	144,765			
	12	Total revenue. See Instruction	ns	· · · •	5,599,853	144,765	0	4,497

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 1,229,638 1,229,638 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 209,788 178,883 27,007 3,898 key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 989,013 846,146 129,704 13,163 Pension plan accruals and contributions (include section 401(k) 29,179 23,051 3,560 2,568 and 403(b) employer contributions) . . . . 175,620 Other employee benefits . . . . 151,365 19,118 5,137 10 91,606 72,369 11,176 8,061 11 Fees for services (non-employees) Management . . . . 67,587 57,449 Legal . . . . . . . . 10,138 Accounting . . . . . . . . . . . . 23,003 23,003 Professional fundraising services See Part IV, line 17 151,232 151,232 Investment management fees . . . . . 175 175 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 133,156 113,334 19,818 4 Schedule O) . . . . . . . . . . 12 Advertising and promotion . . 13 Office expenses . . . . . . 48,077 19,273 28,679 125 1,174 14 Information technology . . . 13,571 12,397 15 Royalties . 219,148 4,483 4,483 16 Occupancy . . . . . . 210,182 **17** 96,607 76,783 9,599 10,225 Travel . . . . . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . 28,990 28,466 524 20 Payments to affiliates . . . . . . 21 22 Depreciation, depletion, and amortization . 25,799 25,799 23 17,191 8,920 7,207 1,064 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 3,777 a Misc Project Expense 831,019 825,774 1,468 Printing & Publications 688,341 664,726 1,363 22,252 Postage & Shipping 73,466 68,920 1,347 3,199 d Radio, TV & Film 3,638 3,638 0 0 e All other expenses 28,574 25,249 3,325 Total functional expenses. Add lines 1 through 24e 25 5,174,418 4,640,649 306,890 226,879 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► 🔽 if following SOP 98-2 (ASC 958-720) 963,090 914.935 48.155

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		_	1,980,396	1	2,126,393
	2	Savings and temporary cash investments				2	<u> </u>
	3	Pledges and grants receivable, net		_		3	
	4	Accounts receivable, net			62,127	4	62,478
488els	5	Loans and other receivables from current and former officers, die employees, and highest compensated employees. Complete Par Schedule L	, trustees, key		5		
	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and considerable and sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	ting employers		6		
ν. O	,	Notes and loans receivable, net				7	
Ĩ	7   8	Inventories for sale or use		• •		8	
	9				74,201	9	82,081
	10a	Prepaid expenses and deferred charges	   10a	     188,129		9	02,001
	Ь	Less accumulated depreciation	10b	37,208	1,721	10c	150,921
	11	Investments—publicly traded securities	<u>_</u>	1,721	11	100,021	
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,118,445		2,421,873
	17	Accounts payable and accrued expenses			337,224	17	224,245
	18	Grants payable	307,224	18	224,240		
	19	Deferred revenue		9,028			
	20	Tax-exempt bond liabilities	•	0,020	20		
	21	Escrow or custodial account liability Complete Part IV of Scheo	•		21		
Iffies	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi	rs, trus			21	
Liabilit		persons Complete Part II of Schedule L				22	
Ï	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	X of S	chedule		25	
	]	D			346,252	25	224,245
	26	Total liabilities. Add lines 17 through 25			340,232	26	224,245
n D		Organizations that follow SFAS 117 (ASC 958), check here ► □ lines 27 through 29, and lines 33 and 34.	and c	ompiete			
2	27	Unrestricted net assets			1,772,193	27	2,197,628
5	28	Temporarily restricted net assets				28	
3	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
42245	31	Paid-in or capital surplus, or land, building or equipment fund				31	
ř	32	Retained earnings, endowment, accumulated income, or other fu				32	
- 5	33	Total net assets or fund balances			1,772,193	-	2,197,628
2	34	Total liabilities and net assets/fund balances			2,118,445		2,421,873

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
	· · · · · · · · · · · · · · · · · · ·				•
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,5	599,853
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,:	174,418
3	Revenue less expenses Subtract line 2 from line 1	3			125,435
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			772,193
5	Net unrealized gains (losses) on investments	5			, 2,133
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2,:	197,628
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

DLN: 93493201010645

### OMB No 1545-0047

### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations
   Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

 Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-B. If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** CitizenLink 20-0960855 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 201,801 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 201,801 ✓ Yes Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

Sch	nedule C (Form 990 or 990-EZ) 2013					Page <b>2</b>
Pä	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduses FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l <b>.</b> )		(a) Filing organization's totals	( <b>b)</b> Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
C	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ЮТ			rage 2
For e	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	1)	(b	)
activ		Yes	No	Amo	unt
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?	ı			
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities?				
j	Total Add lines 1c through 1i	_			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c)	)(5), o	r secti	ion
	302(0)(0).			Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	<b>1</b> Ye	s
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	No
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
	Current year	2a			
b	Carryover from last year	2b			
C	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2c 3			
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	3			
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
P	art IV Supplemental Information				
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou rt II-B, line 1  Also, complete this part for any additional information	p lıst),	Part II	-A, line i	2, and
	Return Reference Explanation				
Part	I-A, Line 1  Direct and Indirect Political Campaign Activities - CitizenLink's activities videos posted to the website, emails to members, and direct mail to vote differences between the candidates on issues pertaining to families				

201104410 0 (101111 330 01 330 12) 2013		r age <del>-r</del>		
Part IV Supplemental Information	on <i>(continued)</i>			
Return Reference	Explanation			

Schedule D (Form 990) 2013

DLN: 93493201010645

OMB No 1545-0047

**SCHEDULE D** 

(Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) Open to Public

mal Revenue Service	and its instruct	Inspection					
lame of the organ	nization	Emp	Employer identification number				
писенынк			20-	0960855			
	nizations Maintaining Donor Adv		Funds	or Accounts	s. Complet	e if the	
organ	ization answered "Yes" to Form 990	, Part IV, line 6.  (a) Donor advised funds	1	(b) Funds and	otheraccou	nte	
Total number	at end of year	(a) Bollot advised failes		(b) I dilas alla	other decou	1103	
	ntributions to (during year)						
Aggregate gra	ints from (during year)						
Aggregate val	ue at end of year						
_	ızatıon ınform all donors and donor advısc organızatıon's property, subject to the or	<del>-</del>	onor adv	ısed	┌ Yes	┌ No	
used only for	ization inform all grantees, donors, and do charitable purposes and not for the benef permissible private benefit?				┌ Yes	□ No	
	ervation Easements. Complete if	the organization answered "Yes"	' to Forn	n 990 Part I		, 110	
Preservat Protection Preservat Complete line	conservation easements held by the orgonom of land for public use (e g , recreation of natural habitat ion of open space es 2a through 2d if the organization held at the last day of the tax year	or education) Preservation of a	a certifie	d historic struc	cture		
easement on	the last day of the tax year			Held at the	End of the	Vear	
Total number	of conservation easements		2a	Tield de en	Liid Of the	rear	
Total acreage	restricted by conservation easements		2b				
Number of co	nservation easements on a certified histo	ric structure included in (a)	2c				
	nservation easements included in (c) acq ture listed in the National Register	uired after 8/17/06, and not on a	2d				
Number of co	nservation easements modified, transferr 	ed, released, extinguished, or termina	ated by th	ne organization	during		
Number of sta	ates where property subject to conservati	on easement is located ►					
	nization have a written policy regarding to of the conservation easements it holds?	he periodic monitoring, inspection, ha	andling of	f violations, an	d ┌ Yes	┌ No	
Staff and volu ▶	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation eas	ements (	during the year			
A mount of ex ► \$	penses incurred in monitoring, inspecting	, and enforcing conservation easemen	nts durın	g the year			
	nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of s	ection 1	70(h)(4)(B)(ı)	┌ Yes	┌ No	
balance sheet	describe how the organization reports cor t, and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financ					
	nizations Maintaining Collection lete ıf the organızatıon answered "Y		s, or Ot	her Similar	Assets.		
works of art, h	ation elected, as permitted under SFAS 1 historical treasures, or other similar asse de, in Part XIII, the text of the footnote t	ts held for public exhibition, education	n, or rese	earch in further			
service, provi		o its illialiciai statellielits tilat descili					
If the organize works of art, h	ation elected, as permitted under SFAS 1 nistorical treasures, or other similar asse de the following amounts relating to thes	16 (ASC 958), to report in its revenu ts held for public exhibition, education	ıe statem	nent and baland		ıc	
If the organize works of art, h service, provi	ation elected, as permitted under SFAS 1 nistorical treasures, or other similar asse	16 (ASC 958), to report in its revenu ts held for public exhibition, education	ıe statem	nent and baland earch in further			
If the organize works of art, he service, provi (i) Revenues	ation elected, as permitted under SFAS 1 historical treasures, or other similar asse de the following amounts relating to thes	16 (ASC 958), to report in its revenu ts held for public exhibition, education	ıe statem	nent and baland earch in further	ance of publ		
If the organize works of art, he service, provice, provice (i) Revenues (ii) Assets in If the organize	ation elected, as permitted under SFAS 1 historical treasures, or other similar asse de the following amounts relating to these included in Form 990, Part VIII, line 1	16 (ASC 958), to report in its revenu ts held for public exhibition, education e items ical treasures, or other similar assets	ie statem n, or rese s for finan	nent and baland earch in further * \$	ance of publ		
If the organize works of art, he service, provice, provice (ii) Revenues (iii) Assets in If the organize following amo	ation elected, as permitted under SFAS 1 historical treasures, or other similar asse de the following amounts relating to theso included in Form 990, Part VIII, line 1 cluded in Form 990, Part X ation received or held works of art, histori	16 (ASC 958), to report in its revenu ts held for public exhibition, education e items ical treasures, or other similar assets	ie statem n, or rese s for finan	earch in further	ance of publ		

Par	Organizations Maintaining Co	<u>liections of Art</u>	<u>, His</u>	tori	<u>cai</u>	reasu	res, or O	:nei	Similar Asse	ets (con	tinued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other record	ds, ch	neck 			-		significant use o	fits	
а	Public exhibition		d	Г	Loa	n or exch	nange progra	ams			
b	Scholarly research		e	Γ	Oth	er					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	llections and expla	ın hov	w the	y furt	her the o	rganızatıon'	s ex	empt purpose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than t	o be maintained as	part o	of the	orga	nızatıon's	s collection	?	Г	'	No_
Par	t IV Escrow and Custodial Arrange Part IV, line 9, or reported an am						answered	l "Ye	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	dıary	ford	ontril	outions o	r other asse	ets n	ot _	Yes	- No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving	able		_				
							<u> </u>	$\dashv$	Amo	unt	
c	Beginning balance						-	1c			
d	Additions during the year						<u>                                     </u>	1d			
е	Distributions during the year						<u> </u>	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	≥ 21?						Γ	Yes	No No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on ha	s been p	rovided in P	art >	(III		
Pa	rt V Endowment Funds. Complete										
	Danis and Araba halana	(a)Current year	(b)	<b>)</b> Prior	year	<b>b (c)</b> Tv	vo years back	(d)⊺	hree years back (e	<b>e)</b> Four yea	rs back
1a	Beginning of year balance					+					
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities	1									
_	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (lın	ie 1g	, colu	mn (a)) h	neld as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ►										
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	ıld equal 100%									
3a	Are there endowment funds not in the posses organization by	_			are he	eld and a	dmınıstered	for		Yes	No
	(i) unrelated organizations				•			•	3a(i)	+	
b	(ii) related organizations If "Yes" to 3a(ii), are the related organization	ns listed as required	d on S	Sche	lule R				3b		
4	Describe in Part XIII the intended uses of th										
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line 1		he o	rgar	ıızatı	on answ	ered 'Yes'	to	Form 990, Part	: IV, line	2
	Description of property					or other estment)	(b)Cost or or basis (other		(c) Accumulated depreciation	( <b>d</b> ) Boo	k value
1a	Land			$\top$							
b	Buildings										
C	Leasehold improvements										
d	Equipment						188,	129	37,208		150,921
e	Other	<u> </u>	•								
	I. Add lines 1a through 1e (Column (d) must e			ımn (	B), lın	e 10(c).)					150,921
									Schedule D (	Form 99	0) 2013

Part VII Investments—Other Securities. Cor See Form 990, Part X, line 12.	mplete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of va	
(Including name of security) (1)Financial derivatives		Cost or end-of-year	market value
(2)Closely-held equity interests			
Other			
	_		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	mplete if the erganization	n answered 'Ves' to Fe	orm 000 Part IV line 11c
Part VIII Investments—Program Related. Co See Form 990, Part X, line 13.	ompiete ii the organizatio	ii aliswered Yes to Fo	orm 990, Part IV, line IIC.
(a) Description of investment	(b) Book value	(c) Method of va	
		Cost or end-of-year	market value
Table (0)   10   10   10   10   10   10   10	<b>*</b>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organization		 D. Part IV. line 11d See	Form 990. Part X. line 15
(a) Descr		,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1			11 116 6
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.	anization answered Yes' i	to Form 990, Part IV, I	ine 11e or 11f. See
1 (a) Description of liability	(b) Book value		
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2 Labella fan de alemana de la Dant VIII de la de			

Part		Revenue per Audited Financial Statewered 'Yes' to Form 990, Part IV, line 1		ts With Revenue	per Ret	<b>urn</b> Complete if
1		er support per audited financial statements			1	5,599,853
2	Amounts included on line 1 b	out not on Form 990, Part VIII, line 12				
а	Net unrealized gains on inves	stments	2a			
b	Donated services and use of	facilities	2b			
c	Recoveries of prior year gran	ts	2c			
d	Other (Describe in Part XIII	)	2d			
e	Add lines 2a through 2d				2e	0
3	Subtract line <b>2e</b> from line <b>1</b>				3	5,599,853
4	Amounts included on Form 9	90, Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not inc	cluded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII	)	4b			
С	Add lines <b>4a</b> and <b>4b</b> .				4c	0
5	Total revenue Add lines <b>3</b> ar	nd <b>4c.</b> (This must equal Form 990, Part I, line	12).		5	5,599,853
Part		Expenses per Audited Financial Stanswered 'Yes' to Form 990, Part IV, line		nts With Expens	es per R	eturn. Complete
1	Total expenses and losses pe	er audited financial statements			1	5,174,418
2	Amounts included on line 1 b	ut not on Form 990, Part IX, line 25				
а	Donated services and use of	facilities	2a			
b	Prior year adjustments		2b			
c	Otherlosses		2c			
d	Other (Describe in Part XIII	)	2d			
e	Add lines <b>2a</b> through <b>2d .</b>				2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$				3	5,174,418
4	Amounts included on Form 99	90, Part IX, line 25, but not on line 1:				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII	)	4b			
C	Add lines <b>4a</b> and <b>4b</b>				4c	0
5	Total expenses Add lines 3 a	and <b>4c.</b> (This must equal Form 990, Part I, lin	e 18 )		5	5,174,418
Part	Supplemental In	formation				
Part		or Part II, lines 3, 5, and 9, Part III, lines 1a I, lines 2d and 4b, and Part XII, lines 2d and				any additional
	Return Reference	Explanation				
Part X	, Line 2	UNCERTAIN TAX POSITIONS The consorred or expected to be taken are recognized in than not, based on the technical merits, thand penalties, if any, are included in expense september 30, 2014, CitizenLink had no udisclosure in the consolidated financial stables are serviced by the IRS, generally for three examination by the IRS, generally for three	the cons at the po ses in the ncertain itements ded Sep	olidated financial stopsition will be sustaine consolidated state tax positions that constituted in the consolidated state of the consolidated state	atements w ned upon e ements of a jualify for re ral Exempt	when it is more likely xamination. Interest activities. As of ecognition or Organization.
			_			

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

DLN: 93493201010645

**Employer identification number** 

OMB No 1545-0047

Supplemental Information Regarding **SCHEDULE G** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

	enLınk						20-0960855	
Pa	rt I Fundraising Act Form 990-EZ filer	tivities. Complete s are not required				es" to F	Form 990, Part IV,	line 17.
1 a	Indicate whether the organ			ny of the f	•			
a b	✓ Internet and email soli	citations		f	Solicitation of	_	-	
C	Phone solicitations	citations		ı a	Special fund	_	=	
	In-person solicitations	5		y	y Special fullul	arsing e	vents	
2a	Did the organization have a or key employees listed in							Γ <sub>Yes</sub> Γ N
b	If "Yes," list the ten highes to be compensated at leas			fundraıseı	rs) pursuant to ag	reements	s under which the fun	draiser is
(	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of outions?	(iv) Gross rece from activity		v) A mount paid to (or retained by) undraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No				
1	Masterworks Inc 19462 Powder Hill PI NE	Fundraising Consulting		No		0	43,537	-43,537
	Poulsbo, WA 98370							
2	Strategic Fundraising Inc 7800 3rd St N Ste 900	Fundraising Consulting		No		0	107,695	-107,695
	Saint Paul, MN 55128							
3								
4								
5								
6								
7								
8								
9								
10								
							151,232	-151,232

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC,

Cat No 50083H

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut	ion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lin	ne 18, or reported les 1 and 6b. List
		<u> </u>	(a) Event #1	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	(3),
Revenue	1	Gross receipts				
949	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
မှာ	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages .				
Direct	8	Entertainment				
à	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)		( )
	11	Net income summary Subtract lii	ne 10 from line 3, colum	n (d)		
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
<u>Ф</u>		\$13,000 ON TOTAL 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col (a) through col (c))
<u>~</u>	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes% ┌ No	┌ Yes% ┌ No	│ Yes	
	7	Direct expense summary Add lines	s 2 through 5 in column	(d)		
	8	Net gaming income summary Subt	ract line 7 from line 1, c	olumn (d)	🛌	
9	Ent	er the state(s) in which the organiza	ation operates gaming ag	ctivities		
а		the organization licensed to operate		. Fyes Fno		
b	If"	No," explain				
10						
10a b		re any of the organization's gaming   Yes," explain				· · I Yes I No

1 agc
-------

Sche	dule G (Form 990 or 990-EZ) 2013			Page <b>3</b>					
			_	11					
Does	the organization operate gaming activ	ities with nonmembers? .		s 「No					
12		·	a member of a partnership or other entity						
	formed to administer charitable gamin	ıg <sup>?</sup>		┌ Yes ┌ No					
13	Indicate the percentage of gaming act	tivity operated in							
а	The organization's facility		13a	%					
b	An outside facility		13b	%					
14	nter the name and address of the person who prepares the organization's gaming/special events books and records								
	Name 🟲								
	Address 🏲								
	If "Yes," enter the amount of gaming i	revenue received by the org	ganization 🟲 \$ and the	Г <sub>Yes</sub> Г <sub>No</sub>					
	amount of gaming revenue retained by								
C	If "Yes," enter name and address of the	ne third party							
	Name 🕨								
	Address 🟲								
16	Gaming manager information								
	Name 🟲								
	Gaming manager compensation ► \$								
	Description of services provided								
	Director/officer	F Employee	Independent contractor						
17	Mandatory distributions								
а	Is the organization required under sta	te law to make charitable d	istributions from the gaming proceeds to						
	retain the state gaming license? .			Γ <sub>Yes</sub> Γ <sub>No</sub>					
b	Enter the amount of distributions requ	ııred under state law dıstrıb	uted to other exempt organizations or spent						
	in the organization's own exempt activ	vities during the tax year 🕨	\$						
Pai		5b, 15c, 16, and 17b, as	ations required by Part I, line 2b, columns (iii) as applicable. Also complete this part to provide						
	Return Reference		Explanation						
- Ma	raiser agreements sterworks (Part I, 2b(v))	consisted of fundraising c reimbursements) Citizen services with the agreeme	eptember 30, 2014, CitizenLink paid Masterworks a to onsulting of \$43,537, and creative services of \$238, Link has an agreement with Masterworks to provide fur ent stating that the fees and expenses are paid separa	192 (includes ndraising consulting and itely					
- Str	raiser agreements ategic Fundraising Part I, line 2b(v))	\$108,800, which consist \$1,105 CitizenLink has a	eptember 30, 2014, CitizenLink paid Strategic Fundra ed of fundraising activity and consulting of \$107,695, an agreement with Strategic Fundraising Inc to consult sing activity, and provide other services with the agreal of separately	and other services of t regarding fundraising					

Schedule I

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493201010645

Open to Public **Inspection** 

**Employer identification number** 

CıtızenLınk						20-0960855	
Does the organization mail	ntaın records to su						
the selection criteria used  Describe in Part IV the org	ganızatıon's proced	dures for monitoring the	use of grant funds in the	e United States			✓ Yes
					es. Complete if the or uplicated if additional		l "Yes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) North Carolina Family Policy Council Action 343 E Six Forks Rd Suite 285 Raleigh, NC 27619	20-5775434	501(c)(4)	168,429				Program support
(2) Family Council Action Committee 414 S Pulaski Suite 3 Little Rock, AR 72201	26-0114253	501(c)(4)	151,121				Program support
(3) The Family Leader 1100 N Hickory Blvd Suite 107 Pleasant Hill,IA 50327	42-1469051	501(c)(4)	113,919				Program support
(4) Colorado Family Action Inc PO Box 558 Castle Rock, CO 80104	20-5012920	501(c)(4)	197,875				Program support
(5) Louisiana Family Forum Action 655 St Ferdinand St Baton Rouge, LA 70802	20-1380165	501(c)(4)	134,754				Program support
(6) Florida Family Action 4853 S Orange Ave Suite C Orlando,FL 32806	33-1108736	501(c)(4)	220,994				Program support
(7) Public Interest Forum 112 E Allegan St Suite 300 Lansing, MI 48933	38-3162086	501(c)(4)	171,309				Program support
(8) The Family Policy Council of West Virginia Inc PO Box 566 Charleston, WV 25322	26-4298604	501(c)(4)	43,440				Program support

Enter total number of other organizations listed in the line 1 table.

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

necessary

I	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, I	Part IV, line 22
	Part III can be duplicated if additional space is needed.	•

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Explanation							
Part I, Line 2	hese requests for financial ass	istance are in support of p	rogram activities that are i	n agreement with our organiza	ational purpose We discuss the			

projects involved and how the required funds are going to be used. We also monitor the activities involved and request follow-up information as

Schedule I (Form 990) 2013

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 20-0960855

Name: CitizenLink

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
North Carolina Family Policy Council Action 343 E Six Forks Rd Suite 285 Raleigh, NC 27619	20-5775434	501(c)(4)	168,429				Program support

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Family Council Action Committee 414 S Pulaski Suite 3 Little Rock, AR 72201	26-0114253	501(c)(4)	151,121				Program support	

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
The Family Leader 1100 N Hickory Blvd Suite 107 Pleasant Hill,IA 50327	42-1469051	501(c)(4)	113,919				Program support	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Colorado Family Action Inc PO Box 558 Castle Rock, CO 80104	20-5012920	501(c)(4)	197,875				Program support		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Louisiana Family Forum Action 655 St Ferdinand St Baton Rouge, LA 70802	20-1380165	501(c)(4)	134,754				Program support		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Florida Family Action 4853 S Orange Ave Suite C Orlando,FL 32806	33-1108736	501(c)(4)	220,994				Program support		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Public Interest Forum 112 E Allegan St Suite 300 Lansing, MI 48933	38-3162086	501(c)(4)	171,309				Program support		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States												
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
The Family Policy Council of West Virginia Inc PO Box 566 Charleston, WV 25322	26-4298604	501(c)(4)	43,440				Program support					

DLN: 93493201010645

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization CıtızenLınk

**Employer identification number** 

20-0960855

Pa	t I Questions Regarding Compensatio	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de			1b	Yes	
2	Did the organization require substantiation prior to idirectors, trustees, officers, including the CEO/Exe			2	Yes	
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all the used by a related organization to establish compens	nat apply				
	Compensation committee	Γ	Written employment contract			
	☐ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	고	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4</b> c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$ ?	e rebutta	able presumption procedure described in Regulations	9		

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	( <b>F</b> ) Compensation reported as deferred in prior Form 990	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation				
	(i) (ii)	147,450 0	347 0	731 0	- / :	13,044 0	170,639 0	0	

Schedule J (Form 990) 2013

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
Part I, Line 1a	On an annual basis, the organization calculates the cost of laptop and tablet computers provided to the disqualified individuals. This calculated amount is
	grossed up for any tax impact and included in employee's reportable compensation

Schedule J (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493201010645

OMB No 1545-0047

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

**Transactions with Interested Persons** 

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the or CitizenLink	ganızatıon									<b>er ident</b>	ificatio	n numbe	er
Part I Exc	ess Benef	it Transa	ctions	(sectio	on 501(c)(3	3) and sectio	n 501(c)(4)				).		
			answered	d"Yes"	on Form 99	0, Part IV, line						40b	
<b>1 (a)</b> Nam	ie of disquali	fied person	( <b>b)</b> R			disqualified	(c) Des	cription	of tra	nsactior	ր <u> </u>	<b>(d)</b> Cor	rected?
				perso	n and organiz	zation						Yes	No
													_
													•
													-
													-
													-
											[		-
	amount of ta	x incurred l	oy organiz	zation n	nanagers or	dısqualıfıed pe	rsons during t	he year	r unde	rsection	ı		
4958 .										<b>-</b> \$			
3 Enterthe a	amount of ta	x, if any, or	ı lıne 2, al	bove, re	eimbursed by	the organizat	ion			<b>-</b> \$			
Part III Lo	ans to an	d/or Fro	m Inte	reste	d Persons	_							
						- 990-EZ, Part \	/, line 38a, or	Form 9	90, P	art IV , lı	ne 26,	or if the	
org	ganization re	ported an a	mount on	Form 9	990, Part X,	line 5, 6, or 22	2		-				
(a) Name of	(b)	_ (c		) Loan t		(e)Original	(f)Balance	(g) In		(h)		(i)Wr	
ınterested person	Relationsh with	וף Purpo Ioa	l l	from th anızatıc		principal amount	due	defaul	t?	A pprov	ed	agreer	ment?
person	organizati		" Jorge	11124110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	announc				board			
										or			
						_				commit	ttee?		
			T	0	From			Yes	No	Yes	No	Yes	No
												_	
												_	
								1				_	
												_	
								-			-		
					l					1		_	
Total		<u> </u>	<u> </u>										
						<b>d Persons.</b> Form 990, P	art IV line 1	7					
		(b) Relat			_	nt of assistanc					<b>)</b> Durma	f	sistance
(a) Name of II perso		interested			1 ' '	nt or assistant	e (a) Typo	eorass	istant	.e   ( <b>e</b>	Purpo	se or ass	sistance
pc.55			janization										
										•			
							<del>_</del>						
							<del>_</del> _						
					1								

Part IV Business Transactions I Complete if the organizatio			e 28a, 28b, or 28c.			
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sha of organiz reveni	: zatıon'	S
				Yes	No	
(1) David Langdon	David is an officer of CitizenLink		Langdon Law, LLC provides legal counsel for CitizenLink		No	
						_

## Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
fees	Langdon Law, LLC, a law firm in which David Langdon, Corporate Secretary for CitizenLink, is a partner, provides legal counsel for CitizenLink Compensation paid to Langdon Law, LLC during the fiscal year ended September 30, 2014 was \$66,237, which includes the reimbursement of expenses The board at large has considered these fees and holds that they are at or below market rates for the services performed

Schedule L (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493201010645

OMB No 1545-0047

2013

Open to Public
Inspection

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization CitizenLink

Employer identification number 20-0960855

Return Reference	Explanation
1	Form 990 was reviewed in detail by the Board of Directors A copy of Form 990 was provided to all Board members before filing Form 990 was reviewed by the organization's outside CPA firm and outside legal counsel

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	The Conflict of Interest Policy is reviewed annually during a Board of Directors meeting. Annual Disclosure Statements are signed by Directors, Officers and all employees

Return Reference	Explanation
Form 990, Part VI, Section B, line 15a	The Board of Directors determines compensation of the organization's CEO by reviewing survey information, comparability data and contemporaneous documentation. All these deliberations and decisions regarding compensation are documented as they occur. The voting members of the Board are independent Directors of the organization's Board of Directors. Compensation of other executive personnel is determined by the CEO after reviewing survey information, comparability data and contemporaneous documentation.

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The organization makes its governing documents and conflict of interest policy available to the public in accordance with the applicable laws. The organization makes its financial statements and Form 990 available on its wiebsite

Return Reference	Explanation
	The Audit Committee of the Board of Directors reviews the results of the annual financial audit and oversees the selection of the independent auditors. There were no changes to this process from prior years

Return Reference	Explanation
Explanation Organization's Mission	CitizenLink was organized as a religious corporation on April 2, 2004, and is not organized for the private gain of any person it is organized under the Colorado Nonprofit Corporation Act for religious purposes. CitizenLink was formed to provide an educational service to parents and others who are concerned with healthy family living, toward the end of strengthening the family in its varied dimensions. The primary means of accomplishing these goals are radio broadcasts, periodical articles, direct mail to voters, the internet and events that share the message with members, churches and the public at large in the United States. CitizenLink is active in the promotion of social welfare by addressing the Christian community and the Christian's responsibility in the public policy arena, both locally and nationally. The organization uses regular media channels, such as radio, the internet, and events, to discuss critical legislation and policy matters that significantly impact Christian worldview issues. The organization is also used as a vehicle to discuss practical means for Christians to become educated and involved in public policy matters. The organization encourages Christians to be aware of and involved in their civic duties. CitizenLink focuses on policy matters such as state constitutional amendment to protect marriage as an institution between one man and one woman, the protection of human life in all its various forms, and the appropriate role of state and federal judicial systems as designed by the founding fathers of the United States of America.

Return Reference	Explanation
Explanation Organization's Mission	Religious/educational/social welfare specific activities in addition to its focus on policy matters, as a religious organization, CitizenLink was formed to reflect the biblical perspective of the Gospel of Jesus Christ and provide educational services to strengthen the family

Return Reference	Explanation
Broadcast activities	Tom Minnery and other CitizenLink employees have used radio and the internet to educate and discuss critical legislative matters (including how listeners and viewers can become more actively involved) important to strengthening the family and providing a cultural foundation where the Gospel of Jesus Christ can be shared and accepted freely. These broadcasts were paid for and provided by CitizenLink.

Return Reference	Explanation
Online Ministries	CtizenLink (www citizenlink com/) The CitizenLink website provides a biblical perspective on national and local news as well as offering techniques for grassroots activism. The CitizenLink Update e-mail, created by the public policy staff and our family policy council partners, offers a Christian perspective on significant current events and legislation, as well as "Action Items" that offer resources for further involvement

Return Reference	Explanation
Online Ministries	Biblical Citizenship Now, more than ever, we at CitizenLink recognize the need to make our voices heard in the public square Protecting life, marriage and religious liberties are among the front burner issues that impact the family. Our Biblical Citizenship outreach addresses these issues and more through a number of venues. In-house experts grapple with contemporary social issues and then produce educational and motivational resources for the CitizenLink audience. CitizenLink Radio (www.citizenlink.com/citizenlink.radio/) CitizenLink is now programming its CitizenLink Radio program, a daily (five days a week) two-minute radio program which delivers pro-family news and commentary from a uniquely Christian perspective. We offer context for news you hear elsewhere and share stories of interest to a Christian audience that you won't hear in the mainstream news media. These broadcasts are posted daily online. CitizenLink Report (www.citizenlink.com/citizenlink-report/). The CitizenLink Report is a weekly online video that discusses social issues. It regularly features CitizenLink experts as guests, and occasionally includes guests from other organizations. It's designed to offer insight into current events and also offers opportunity to take action on specific issues. Stoplight (www.citizenlink.com/stoplight/) Stoplight is a weekly online video commentary that offers insight on current events. It brings a creative approach to social issues and tackles headline stories as well as items that are of specific interest to a Christian conservative audience. It may occasionally include a call to action. CitizenLink Blogs (www.citizenlink.com/category/blogs/) Our blog serves to bring timely, critical analysis to bear on the most important cultural and policy issues of the day. Written and edited by our public policy analysts, the resources featured here are designed to educate and energize concerned citizens within religious, political, educational and activist spheres working to apply Christian principles to the struggles

Return Reference	Explanation
New sletters and Member Updates	Member Updates and Newsletters Tom Minnery and other CitizenLink employees develop and issue newsletters periodically during the fiscal year. The newsletters present news about how a member's gifts are helping to defend moral values and the family and assist family advocates who aim to recapture the moral and intellectual high ground in the public arena.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**SCHEDULE R** 

(Form 990)

Department of the Treasury

Internal Revenue Service

CıtızenLınk

Name of the organization

# **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493201010645 OMB No 1545-0047

2013

Open to Public Inspection

**Employer identification number** 

				20-0960	855			
Part I Identification of Disregarded Entities Compl	ete if the organization a	answered "Yes" on	Form 990, Pa	rt IV, lıne 33.				
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets		<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	<b>izations</b> Complete if the tax year.	ne organization an	swered "Yes"	on Form 990, F	Part IV,	line 34 because it	: had on	ie
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	ction (e) Public charity (if section 50		<b>(f)</b> Direct controlling entity	Section (13) co ent	ntrolle ity?
(1) CL Foundation Inc  8655 Explorer Dr  Colorado Springs, CO 80920 46-4577178	Inspire/educate biblical citizens, equip statesmen & serve a nat'l alliance	СО	501(c)(3)	Public charity		CitizenLink	Yes	No
40-45//1/0								
							-	
For Paperwork Reduction Act Notice, see the Instructions for Form 99	 D.	Cat No 5013	5 Y	•		Schedule R (Forr	n 990) 2	013

<b>(a)</b> Name, address, and EIN of related organization	of	(b)	(c)	(d)	(e)	(f) Share of	(g)	(h	1) 	(i) Code V-UBI	Car (	j)	(k)
related organization	OI	Primary activity	domicile (state or foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)	total income	Share of end-of-year assets	alloca	tions?		mana	aging	Percent owners
					311)			Yes	No		Yes	No	
T w 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1													
Identification of Related O	rganizations Taxa	able as a Corpo	ration	or Trust (	Complete if the	ne organiza	ation ans	were	d "Yes	" on Form !	990.	Part	IV.
line 34 because it had one or	more related organi	zations treated a		poration or	trust during	the tax ye	ar.		d "Yes				IV,
		zations treated a  (c)  Legal  domicile  (state or foreign			(C corp, S corp,	the tax year	otal Share	(g) of end- year ssets	- Pe	(h) ercentage	Section (b) contri	<b>i)</b> on 512 (13) rolled	
line 34 because it had one or  (a) Name, address, and EIN of	more related organi	zations treated a  (c)  Legal domicile		poration or (d) Direct controlli	trust during  (e)  Type of entil (C corp, S	the tax year	otal Share	(g) of end- year	- Pe	(h) ercentage	Section (b) contribution ent	i) on 512 (13) rolled	
line 34 because it had one or  (a) Name, address, and EIN of	more related organi	zations treated a  (c)  Legal  domicile  (state or foreign		poration or (d) Direct controlli	(C corp, S corp,	the tax year	otal Share	(g) of end- year	- Pe	(h) ercentage	Section (b) contribution ent	i) on 512 (13) rolled	
line 34 because it had one or  (a) Name, address, and EIN of	more related organi	zations treated a  (c)  Legal  domicile  (state or foreign		poration or (d) Direct controlli	(C corp, S corp,	the tax year	otal Share	(g) of end- year	- Pe	(h) ercentage	Section (b) contribution ent	i) on 512 (13) rolled	
line 34 because it had one or  (a) Name, address, and EIN of	more related organi	zations treated a  (c)  Legal  domicile  (state or foreign		poration or (d) Direct controlli	(C corp, S corp,	the tax year	otal Share	(g) of end- year	- Pe	(h) ercentage	Section (b) contribution ent	i) on 512 (13) rolled	
line 34 because it had one or  (a) Name, address, and EIN of	more related organi	zations treated a  (c)  Legal  domicile  (state or foreign		poration or (d) Direct controlli	(C corp, S corp,	the tax year	otal Share	(g) of end- year	- Pe	(h) ercentage	Section (b) contribution ent	i) on 512 (13) rolled	
line 34 because it had one or  (a) Name, address, and EIN of	more related organi	zations treated a  (c)  Legal  domicile  (state or foreign		poration or (d) Direct controlli	(C corp, S corp,	the tax year	otal Share	(g) of end- year	- Pe	(h) ercentage	Section (b) contribution ent	Part IV	
line 34 because it had one or  (a) Name, address, and EIN of	more related organi	zations treated a  (c)  Legal  domicile  (state or foreign		poration or (d) Direct controlli	(C corp, S corp,	the tax year	otal Share	(g) of end- year	- Pe	amount in box 20 of Schedule K-1 (Form 1065)  No  Yes No  "Yes" on Form 990, Par	i) on 512 (13) rolled		
line 34 because it had one or  (a) Name, address, and EIN of	more related organi	zations treated a  (c)  Legal  domicile  (state or foreign		poration or (d) Direct controlli	(C corp, S corp,	the tax year	otal Share	(g) of end- year	- Pe	(h) ercentage	Section (b) contribution ent	i) on 512 (13) rolled	

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
<b>1</b> D	During the tax year, did the orgranization engage in any of the following transactions with one or more related org	rganızatıons lıs	ted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1b		No
C	Gift, grant, or capital contribution from related organization(s)				<b>1</b> c		No
d	Loans or loan guarantees to or for related organization(s)				1d		No
е	Loans or loan guarantees by related organization(s)				1e		No
f	Dividends from related organization(s)				<b>1</b> f		No
g	Sale of assets to related organization(s)				<b>1</b> g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				<b>1</b> i		No
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
0	Sharing of paid employees with related organization(s)				10		No
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses				1q	Yes	
r	O ther transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	<u> </u>		(d)			
		(b) ransaction	(c) Amount involved	Method of determining amo	unt ir	nvolved	
		:ype (a-s)					
	<u> </u>						

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross).

Name, address, and EPs of entity   Color   Country   Color   Country   Cou	revenue) that was not a related organization. See instruction	s regarding excl	usion for c	ertain invest	ment	partnerships	5							
	(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-	org	section 601(c)(3) anizations?	total	end-of-year			Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		<b>(k)</b> Percentage ownership
				314)	Yes	No			Yes	No		Yes	No	
												<u> </u>	1 1	1

Schedule R (Form 990) 2013

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013